## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB
3060-0076
Est. time per response:
1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

	PREVIOUS YEAR TOTAL 1	TOTAL	Service Workers	Laborers and Helpers	Operatives	Craft Workers	Administrative Support Workers	Sales Workers	Technicians	Professionals	FirstMid-Level Officials and 1.2	Executive/Senfor Level Officials and Managers 1.1				Categories	Job		SECTION II - Full-Time Employees.	2. Year Report Filed 2018	Poka Lambro Telecommunications, Ltd. P.O. Box 1340 Tahoka, TX 79373	SECTION 1 - General Information  1. Name and Mailing Address of Respondent
-	11 0	10 0	9	. co	7	6	5	4	3	2	iv_	<u></u>	>	Male		Ξ			665.		mmunica	Respondent
	0	0											В	Female	ramio	Hispanic or				3. Report Period 03/;	ıtions, Ltd	
	0	0											c	White						Reporting Period (E Period Covered by P 03/31/2018	; <del>-</del>	
	0	0							<del></del>				D	Black or African American						3. Reporting Period (Ending Date of Pay Period Covered by Report) 03/31/2018		
	0	0	-										m	Native Hawaiian or Other Pacific Islander						Pay		
	0	0											ח	Asian	Male							
	0	0											G	American Indian or Alaska Native				Nur (Report emp		4. Number Reportin a. 7 F		
	0	0											Ξ	Two or more races		Not-Hispa	Race/Ethnicity	Number of Employees (Report employees in only one category)		<ol> <li>Number of Full-Time Employees during Selected Reporting Period (check one):</li> <li>Fewer than 16 (complete Sections I, IV, and V only)</li> <li>16 or more (complete all sections)</li> </ol>		
	0	0											-	White		Not-Hispanic or Latino	হ	oyees one category		mployees dur ck one): (complete Sec		
	0	0											د	Black or African American				)		ring Selected Slons I, IV, an Ilons)		
	0	0											7	Native Hawaiian or Other Pacific Islander	Fer					d V only)		
	0	0											F	Asian	Female							
	0	0											z	American Indian or Alaska Native							Che is a add	
Revised De	0	0											z	Two or more races							Check here if this is a change of address.	
FCC 395 Revised December 2007	0	0	0	0	0	0	0	0	0	0	0	0	0		A-N	Total						

SECTION III - Part-Time Employees.	ees.						Num	Number of Employees	yees						
5							Report empir	Race/Ethnicity	one category						
Categories	Hisp	Hispanic or						Not-Hispanic or Latino	ic or Latino						Total
		Latino			Male	е					Female	iale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawalian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	>	В	C	0	т	П	G	Н	-	ے	*	٦	Z	z	0
Executive/Senior Level Officials and Managers															0
First/Mid-Level Officials and 1.2 Managers	2														0
Professionals	2														0
Technicians 3	ω														0
Sales Workers 4	-														0
Administrative Support 5 Workers	5							2							0
Craft Workers 6	- 63														0
Operatives 7	7														0
Laborers and Helpers 8															0
Service Workers 9											10.00				0
TOTAL 10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL 11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	ination Comp	laints Pursua	nt to 47 CFR	22.321, 23.5	5, 90.168, 101	.4, and 101.3	311.								
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	Commission the body having commission the Commission the granties invo	nat no complair competent juriss nat the followin lved, date filed	nts regarding diction in such diction in such g complaints;	violations of the matters during matters during violate alteging violate encies before	he equal emplong the calendations of the prowhich the materials.	oyment proving year covers of an iter has been	sions of Fede ed by this rep y equal emplo heard, file nu	ral, state, terr ort. yment oppor imber or othe	itorial, or loca tunity statute r designation,	l statutes hav have been file and current s	utes have been filed against this been filed against this company. current status or disposition.	gainst this company. sition.			
SECTION V - Certification  I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	vledge, inform	ation, and beli	ef, all stateme	nts in this rep	ort are true ar	id correct.									
05/03/2018 Typ	yped or Printed Name of Per David McEndree	Typed or Printed Name of Person Signing David McEndree	on Signing			Signature Signature	9	Wenny C	5			Telephone No. (806) 92	elephone No. (806) 924-7234		
Title of Person Signing CEO Poka Lambro Management GP	Manager	nent GP		WILLFULLY OF ANY STA	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).	EMENTS MA	DE ON THIS	FORM ARE F PERMIT (47 L	J.S.C. 312 (A	BY FINE AN )(1) AND/OR	D/OR IMPRIS	(47 U.S.C. 5	3 U.S.C. 1001 03).	AND/OR RE	VOCATION

Title of Person Signing
CEO Poka Lambro Management GP